

ROARING RAPIDS PIZZA COMPANY

4006 FRANKLIN BLVD. EUGENE, OR 97403 (541) 988-9819

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

EQUAL OPPORTUNITY DRUG-FREE EMPLOYER

TODAY'S DATE _____

NAME			
PLEASE CIRCLE YOUR CURRENT AGE:	16 OR 17	18-20	21 OR OLDER
ADDRESS			
CITY	STATE	ZIP	
HOME PHONE	BUSINESS PHONE		

EMPLOYMENT DESIRED

DATE AVAILABLE FOR WORK _____

ARE YOU INTERESTED IN (CIRCLE ALL THAT APPLY): FULL-TIME PART-TIME TEMPORARY SUMMER

DAYS AND HOURS
AVAILABLE FOR WORK.....

DAY	SUN	MON	TUE	WED	THUR	FRI	SAT
FROM:							
TO:							

DO YOU HAVE AN OLCC SERVER'S PERMIT? YES NO

LANE COUNTY FOOD HANDLER'S CARD? YES NO

WORK EXPERIENCE

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, MOST RECENT FIRST)

MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	WAGE	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

ABSENCE OF WORK EXPERIENCE DOES NOT DISQUALIFY APPLICANT

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

ARE YOU CURRENTLY EMPLOYED? _____ NAME OF EMPLOYER _____

MAY WE CALL YOUR CURRENT EMPLOYER? ____ HAVE YOU EVER BEEN DISMISSED FROM EMPLOYMENT? ____

IF YES, PLEASE GIVE NAME OF EMPLOYER(S) AND REASONS FOR DISMISSAL _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? _____

IF YES, STATE DETAILS _____

CONVICTIONS WILL NOT NECESSARILY DISQUALIFY APPLICANT. EACH CASE IS CONSIDERED INDIVIDUALLY

OVER, PLEASE

EDUCATION AND TRAINING

SCHOOL	NAME, CITY & STATE OF SCHOOL	YEARS COMPLETED	GRADUATED?	SUBJECTS STUDIED	GPA
HIGH SCHOOL					
COLLEGE					
OTHER TRAINING					

DESCRIBE OTHER EXPERIENCE YOU HAVE THAT MIGHT BE HELPFUL IN THIS JOB, ESPECIALLY RELATING TO FOOD SERVICE, CASH HANDLING, AND TEAM WORK _____

REFERENCES

PLEASE LIST SEVERAL PEOPLE (NON-RELATIVES) WHO WE CAN CONTACT REGARDING YOUR APPLICATION

NAME	ADDRESS CITY, STATE, ZIP	RELATIONSHIP	TELEPHONE NUMBER

APPLICANT'S STATEMENT

DRUG TESTING

I UNDERSTAND THAT EMPLOYEES OF ROARING RAPIDS PIZZA COMPANY (RRPC) ARE REQUIRED TO SUBMIT TO POST-EMPLOYMENT DRUG TESTING, AND THAT EMPLOYEES ARE SUBJECT TO RANDOM DRUG TESTING ON A SUSTAINING BASIS. I UNDERSTAND THAT FAILURE TO PASS A DRUG TEST WILL RESULT IN TERMINATION OF EMPLOYMENT WITH RRPC. I CONSENT TO RELEASE OF DRUG TESTING RECORDS TO RRPC.

RECORDS

I AUTHORIZE INVESTIGATION OF ALL MATTERS AND STATEMENTS IN THIS APPLICATION WHICH RRPC MAY DEEM RELEVANT TO MY EMPLOYMENT. I AUTHORIZE PREVIOUS EMPLOYERS TO RELEASE SUCH INFORMATION TO RRPC. UPON EMPLOYMENT, I CONSENT TO THE RELEASE OF MY WORKERS' COMPENSATION CLAIMS HISTORY AND RELATED MEDICAL RECORDS, TO BE HELD CONFIDENTIALLY BY RRPC.

ACCURACY

I HEREBY CERTIFY THAT ALL THE INFORMATION IN THIS EMPLOYMENT APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT MY EMPLOYMENT MAY BE TERMINATED FOR ANY FALSE STATEMENT, OR CONCEALMENT, OR FAILURE TO ANSWER ANY QUESTION FULLY AND ACCURATELY REGARDLESS OF WHEN IT IS DISCOVERED BY RRPC.

I UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT WILL BE "AT WILL" AND WITHOUT FIXED TERM AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR RRPC.

IF HIRED, I AGREE TO ABIDE BY ALL RRPC RULES, POLICIES, AND PROCEDURES.

DATE _____ SIGNATURE _____